

Anderson, Sandra K. (ECY)

From: Anderson, Sandra K. (ECY)
Sent: Tuesday, May 13, 2008 8:37 AM
To: 'Carol Cowling'
Cc: Kirk, John T. (ECY); Johnson, Roger E. (ECY)
Subject: DOUG-08-01, 02, 03, 04

Hi Carol,
I've assigned this batch of change apps as follows:

DOUG-08-01	CG4-29196P	Painted Summer Hills LLC
DOUG-08-02	CG4-001123CL	Bart & Sheila Clennon
DOUG-08-03	CG4-23726C	Bart & Sheila Clennon
DOUG-08-04	CG3-00374C	Spanish Castle Resort LLC

Sandy Anderson

Water Resources Program - CRO Yakima

(509)454-4172

sand461@ecy.wa.gov



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

Doug-08-04 *41 1244*
C63-00374C *Doug-08-04*

FOR OFFICE USE ONLY	
CHANGE No.	<i>Doug 08-04</i> WRIA <i>41</i>
DATE ACCEPTED	<i>05/12/08</i> <i>4 / 14 / 08</i> BY <i>92</i>
FEE \$	<i>600.00</i> REC'D <i>04-28-2008</i> <i>4 / 14 / 08</i>
CHECK No.	<i>12602</i>
SEPA:	<input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Spanish Castle Resort, LLC	PHONE NO. ()	FAX NO. ()
ADDRESS 14120 NE 21st Street		
CITY Bellevue	STATE WA	ZIP CODE 98807-3719
CONTACT NAME (IF DIFFERENT FROM ABOVE) Peter A. Fraley	PHONE NO. (509) 662-1954	FAX NO. (509) 662-5724
ADDRESS P.O. Box 1606		
CITY Wenatchee	STATE WA	ZIP CODE 98807-1606

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G3-00374C	RECORDED NAME(S) Wilfred A. Pratt
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Spanish Castle Orchards. Please see Remarks Section 6.	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. *7793* PERMIT NO. *7277* CERT. NO. *G300374* CERT. OF CHANGE NO. _____
WILFRED A PRATT

G3+00374CWR13

C63-00374C

Doug-08-04

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well Gov't Lot 5	1			9	20 N	22 E		

41
Doub
could be
44

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wells	1	NW	SW	4	20N	22E	22 20 04 3 0001	
	2	SW	SW	4	20N	22E	22 20 04 3 0001	
	3	NW	NW	9	20N	22E	22 20 09 2 0003	
	4	SW	NW	9	20N	22E	22 20 09 2 0003	
Wells Gov't Lot 5	5			9	20 N	22 E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

See attached Figure “1”.

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM	ACRE-FT/YR	PERIOD OF USE
Irrigation	1000	264	April 1 to October 1
Domestic	10	2	continuous

B. Proposed

PURPOSE OF USE	GPM	ACRE-FT/YR	PERIOD OF USE
Municipal	1010	266	continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
That part of Section 9, T. 20 N., R. 22 E.W.M., lying between the easterly right of way limit of the main line of the Great Northern Railway, as originally located, and the easterly right of way of said railway as presently located.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		9	20 N	22 E.	Douglas	20 22 09 000 02	approx. 66 acres of irrigation

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:
Spanish Castle Orchards. Please see Remarks Section 6.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
See the attached Exhibit "A" and Exhibit "B" providing a legal description.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		4	20N	22E	Douglas	20 22 04 3 0001	659
		9				20 22 09 2 0002	
		10				20 22 09 0 0002	
						20 22 09 1 0002	
						20 22 09 2 0001	
						20 22 10 3 0001	
						20 22 10 3 0002	

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:

Spanish Castle Orchards. See Attachment "A" for a Spanish Castle Master Planned Resort Boundary.

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):
See Application for Change for CG4-GWC6371-A(A) and G4-24250P.

6. Remarks and Other Relevant Information:

A. The Applicant has entered into a purchase and sale agreement for the real property and water right that are the subject of this change application. The real property includes the existing place of use as well as a portion of the proposed place of use. The real property, including water rights, is known as Spanish Castle Orchards. Closing on the purchase of the real property, including the water right, is anticipated to occur about June 2008.
B. The Applicant anticipates that the water will continue to be used on the existing place of use for irrigation purposes through the end of the 2008 irrigation season. In the event that the closing does not occur on the real property that is the subject of this Application of Change, including the water rights, then this Application of Change shall be withdrawn and of no effect.
C. The water under this change application will be used for municipal purposes to supply water for the Master Planned Resort.
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:


I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Spanish Castle Resort, LLC

By: Wade Entezar, Authorized Member, Applicant,
Land Owner of Proposed Place of Use

____/____/____
(Date)

Spanish Castle Orchards



By: Don Rudolph, Its: Authorized Partner,
Land Owner of Existing Place of Use
Consents to the transfer of the water right

4/14/08
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):


- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ **DATE:** ____/____/____

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Spanish Castle Resort, LLC



Eric Wade Englar, Authorized Member, Applicant,
Land Owner of Proposed Place of Use

4 / 14 / 08
(Date)

Spanish Castle Orchards

By: Don Rudolph, Its: Authorized Partner,
Land Owner of Existing Place of Use
Consents to the transfer of the water right

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(Date)

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| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____